

20427

U.S. PTO

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PTO/SB/50 (02-01)

Approved for use through 9/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	07703-414001
	First Named Inventor	Gregory John Billington et al.
	Original Patent Number	6,390,269
	Original Patent Issue Date	May 21, 2002
	Express Mail Label No.	EF045060313US

APPLICATION FOR REISSUE OF:
(check applicable box)☒ Utility Patent☐ Design Patent☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (Proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2copies) or CD-R (2 copies) or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c)
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☐ Information Disclosure Statement (DS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. ☐ Other:

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18. CORRESPONDENCE ADDRESS

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Signature		Date	5/19/2004

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PTO/SB/56 (12-97)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

DOCKET NUMBER (Optional)
07703-414001

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A)23	Total Claims (37 CFR 1.16(j))	(B)23	0	x \$ =		or	x \$18=	
(C)10	Independent Claims (37 CFR 1.16(i))	(D)10	0	x \$ =			x \$86=	
Basic Fee (37 CFR 1.16(h))					\$		\$ 770	
Total Filing Fee					\$	OR	\$ 770	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	23	MINUS	**23	* = 0	x \$ =		or	x \$ =	
Independent Claims (37 CFR 1.16(i))	10	MINUS	*****10	= 0	x \$ =			x \$ =	
Total Additional Fee					\$	OR	\$ 0		

* If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

☐ Please Charge Deposit Account No. _____ in the amount of _____
A Duplicate Copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1050
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ \$770.00 to Cover the filing/additional fee is enclosed.

5/19/2004

Date

Samuel Borodach

Signature of Applicant, Attorney or Agent of Record

Samuel Borodach

Typed or Printed Name

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